

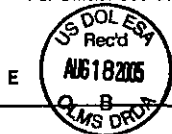
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9835	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name BARBARA A CARROLL P O Box Bldg Room No if any Street 32-03 150 ST City FLUSHING State NEW YORK ZIP Code + 4 113543245	4 Name file number and address of labor organization Name ASSOC OF THEATRICAL PRESS AGENTS & MANAGERS Labor Organization File Number 18302 049343 P O Box Building and Room Number if any Street 1560 BROADWAY City NEW YORK State NEW YORK ZIP Code + 4 10036 2501
5 Position in labor organization BOARD OF GOVERNORS	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name MARIO CANTONE LAUGH WITORS Trade Name if any C/O ROY GABAY P O Box Bldg Room No if any #1106 Street 262 W. 38 ST City NEW YORK State NY ZIP Code + 4 10018	7 a Nature of Interest Transaction or Income TINY VOTER TICKETS X2 7 b Amount \$200.00
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Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed *Barbara Carroll*

On 8/8/05
Date

718 353 0218
Telephone Number

21

